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DEFECTIVE AND IMPAIRED VISION,

WITH THE CLINICAL USE OF THE OPHTHALMOSCOPE IN THEIR DIAGNOSIS AND TREATMENT.

By Laurence Turnbull, M.D.,

Of Philadelphia.

The Ophthalmoscope.

Fourteen years have elapsed since the discovery of the ophthalmoscope. And during 1864 I endeavored to bring before the readers of the Reporter a full account of the principal forms of instruments then in use. Some I have omitted, which I will endeavor to fill up at this time, from Zander.*

"For the first four years, with few exceptions, the ophthalmoscope was little valued out of Germany; but, as the benefits to be gained from its use became apparent, it assumed its proper place in France, while the more far-seeing English had still earlier turned it to advantage. In Germany, however, the country of its origin, it was from the first employed by the most learned and distinguished men; so that by the side of Helmholtz, we find Arlt, Coccius, Von Graefe, Hasner, Jager, Liebreich, Ruete, and Stellwag, occupying the front rank among the observers who estimated the new instrument at its proper value, and raised it to its present position.

"And what is that position? Ten years ago, when Helmholtz published to the world the first intimation of his discovery, he wrote as follows concerning its possible utility: 'I do not doubt, judging from what can be seen of the healthy retina, that it will be possible to discern all its diseased conditions, so far as these, if seated in other transparent parts, such as the cornea, would admit of diagnosis by the sense of sight. Distension or varicosity of the retinal vessels will be easily perceptible. Exudations of the retinal substance, or between the retina and choroid, will be seen precisely as in the cornea, by their brightness upon a dark ground. . . . Fibrinous exudations, usually much less transparent than the ocular media, will, when lying upon the fundus, considerably increase its reflection. I believe, also, that turbidity of the vitreous body will be determined with greatly increased ease and certainty. . . . In brief, I do not consider it an overstrained expectation that all the morbid changes of the retina or the vitreous body that have been found in the dead subject will admit of recognition in the living eye; an expectation that appears to promise the greatest progress in the hitherto incomplete pathology of the organ.' That this expectation has been not only fulfilled, but exceeded, is a statement that will be justified by the following pages, in which I shall endeavor briefly to exhibit the influence that has been exercised by the discovery of the ophthalmoscope upon the study of the diseases of the internal eye.

"Commencing with the diseases of the lenticular system, it is necessary to remember the present state of knowledge with regard both to stationary opacities of the lens, and the different progressive forms of cataract, about which a more exact judgment can now be formed of their seat, progress, and the probable duration of their stages of development, as well as a more exact comparison be made between the degree of opacity and the impairment of vision, than was formerly possible. The ophthalmoscope first taught the difference between stationary opacities of the lens and cataractous turbidity; showing that the latter follows a definite course that cannot be arrested, while the former remain fixed at a certain stage of development. It taught also, with regard to the course of real cataract, that the breadth of the primitive striæ is proportionate to the rate of increase; so that the finer the striæ the more tardy, and the broader the striæ the more rapid, will be the progress of the disease. Concerning the mode of development of cataract, it has taught that the commencement of opacity is neither in the nucleus nor in the cortical substance, but in the intermediate or transitional strata of the lens. In common senile cataract, for example, the turbidity does not begin in the nucleus, long previously yellow, but in the anterior and posterior

* The Ophthalmoscope, its Varieties and its Use: Translated from the German by Robert B. Carter. London: Robert Hardwicke, 1864.

layers immediately surrounding it. We now know also, that all the opacities that are connected with diseases of the choroid or of the vitreous body, have their point of origin at the posterior pole of the lens; and, formerly, the different signs which were relied upon in order to distinguish commencing cataract from amblyopia were so uncertain that the surgeon would often subject his patient to months or years of harassing treatment, and would only discover his error when it became evident, even to a layman, that the case was one of grey cataract, and not the commencement of amaurosis.

"With regard to affections of the vitreous body, the ophthalmoscope has revealed the frequent occurrence of effusions of blood into its substance; and that such effusions may, in the course of a few weeks, become absorbed. It has enabled us to estimate the connection and ætiological relations between floating opacities and choroidal disease. It has shown the peculiar seat of cholesterine crystals, the presence of living entozoa, and of foreign bodies that have penetrated the organ; and, in the form of iritis known as aquocapsulitis, in which the impairment of sight is often disproportionate to the degree of opacity visible either to the naked eye, or with a lens and oblique illumination, the ophthalmoscope has shown that this impairment is caused by the infiltration of the whole vitreous body with floating molecules, and has thus proved the freqent sympathy of the inner membranes with the more evident disease.

"In the disorders of the inner membranes themselves, of the choroid, retina, and optic nerve—almost a *terra incognita* before its discovery—the ophthalmoscope has rendered assistance equally great. We are indebted to it for an exact knowledge of inflammation, pigmentary changes, apoplexy, and posterior staphyloma of the choroid, as well as of hyperæmia, inflammation, hæmorrhage, atrophy, fatty degeneration, and separation of the retina. It has reduced to an impossibility Walther's definition of amaurosis, as a state in which 'the patient sees nothing, and the surgeon likewise nothing,' since the bugbears of ophthalmology, that formerly concealed themselves under the names glaucoma, amblyopia, and amaurosis, have been for the most part traced to definite anatomical conditions. Through its assistance, therefore, in the place of doubt we have certainty; and in the place of inductive reasoning the direct perceptions of sense; which last alone can be accepted as certain truths by the inquiring spirit of natural science.

"The instrument has been not less valuable as a help to rational therapeutics, than as the basis of rational pathology. So long as the old Hippocratic maxim, 'qui bene noscit, bene curat,' expresses a truth—so long as an exact knowledge of the seat and causes of disease is essential to the application of rational treatment—so long may we ascribe to the ophthalmoscope a greater value, as a source of therapeutic indications, than even to the stethoscope and the pleximeter; since it is, as a means of diagnosis, more immediate, certain, and indispensable than they. For, since the perceptions of sense are more definite in proportion to the more direct and complete exhibition of the nature, shape, and material conditions of their object, it is impossible to doubt that the information afforded by sight is more certain and exact than that derived from hearing, or any other sense. The instrument is more indispensable, inasmuch as the practitioner, in his diagnosis of various bodily affections, is not entirely dependent upon physical signs, and may find in functional symptoms a sufficient foundation for his opinion. In the diseases of the internal eye, on the contrary, the numerous symptoms of functional disturbance are inadequate by themselves to indicate the proximate morbid state on which they depend; and they first attain a positive value when the material conditions that cause them have been determined, in the only possible way, by examination with the ophthalmoscope. To the exactness of such examination we are therefore indebted, in fact, for a system of therapeutics in which the rational application of remedies has superseded a blind empiricism. And even when the ophthalmoscope reveals organic changes against which our remedies are useless, it is still of great value in affording positive data for a sure prognosis; and in sparing the patient that course of treatment, often painful and debilitating, and always useless, that the empiricism of former times was accustomed to prescribe for the multitude of amaurotic patients. Lastly, the cultivation of ophthalmoscopy is of no small advantage as an antagonist to the counsels, often ridiculous, often even dangerous, of the quack; since it enables us to recognize the earliest stages of those changes in the internal ocular textures from which amblyopic or amaurotic affections proceed; and to employ, with comparative ease and certainty, means to stop their progress, or, at least, to delay their consequences, against which, at a late period, all treatment might be inefficient or wholly useless. (Quaglino.)

"After thus reviewing what has been accomplished by the ophthalmoscope, and is barely indicated above, it is impossible to refuse assent to

the words of HASNER: 'The ophthalmoscope is not only the most valuable boon to ophthalmology, but is also one of the greatest creations of our century. What the telescope is to astronomy, the ophthalmoscope is to ophthalmology. The telescope owed its existence to accident; but the ophthalmoscope is absolutely the mature offspring of theory, and is therefore a greater ornament than the former, not only to HELMHOLTZ, its originator, but also to the age itself, which has not been indebted to blind chance for its greatest discoveries, but has known how to deduce them from exact and laborious scientific investigations.'

The Varieties of the Ophthalmoscope, and the Principles on which they Depend.

"When we look at the eye of another person, the pupillary space usually appears black, and the interior of the organ does not return to the spectator a single reflected ray. We have here, therefore, an apparent exception to the well-known physical law that the passage of light from one medium to another is never complete, and that some of the rays that fall upon the new medium are in all cases bent back again or reflected.

"The reasons of the dark appearance are briefly as follows: Let us suppose that a luminous point is placed at such a distance from the eye, that, by proper accommodation of the latter, an exact image of the point is formed on the sensitive layer of the retina. As the retina, notwithstanding its complicated elementary structure, is so far transparent that nearly all rays pass through it, and only a few are reflected by its surface, the former portion will reach the choroid, and will, in great measure, be absorbed by its dense layer of dark pigment. The darker the pigment, the more complete will be the absorption; but, as an absolutely black surface, capable of retaining all the light it receives, does not exist in the eye, some portion of the incident rays must always be reflected, both by the choroid and by the sclerotic beneath it. This reflection, if we disregard what is effected by the polished boundary membranes within the eye (the membrana limitans, choroidal epithelium, etc., etc.), is wholly irregular, and is dispersed throughout the entire vitreous body. If the fundus of the eye reflected light regularly, 'it would have precisely the action of a concave mirror, and the observer with the ophthalmoscope would see only luminous reflection, or floating images of his lamp and his instrument, but not the vessels of the retina, the surface of the nerve, the vascular network of the choroid, and so forth.' The irregularity of the reflection is proved also by the fact that, 'in an eye in which two eccentric artificial pupils had been made, or in which partial irideremia was present, when the fundus was illuminated through one opening only, the reflected light returned equally and in the same quantity through both; and through both the colors and objects of the interior were perceptible.' (BUSINELLI.)

"There is, moreover, still further evidence afforded by pathological conditions known to the earliest oculists, such as separation of the retina from the choroid by serous effusion, or cat's-eye amaurosis; as well as by albinoes, in whom the iris is translucent. The brightness of the interior of albinotic eyes depends entirely upon the light diffused over every portion of the retina from the illuminated iris, and not at all upon a more abundant reflection, in consequence of the deficiency of pigment, of the rays entering through the pupil. It has been shown by DONDERS that such eyes present the ordinary complete darkness of the interior, as soon as they are protected by a screen having a small circular opening, through which light is admitted to the pupil alone, the general surface of the iris being in shadow. Lastly, HELMHOLTZ has suggested the experimental proof furnished by taking 'a small camera obscura (for example, an artificial eye), well blackened within, and having an opaque white surface, such as a piece of thick drawing paper, placed in the position to receive the image. The eye-piece of a microscope, with the drawing-paper substituted for the ocular glass, will usually answer the desired purpose, as its tube mostly corresponds exactly with the focal length of its objective. It follows that this objective will form upon the white paper clear images of surrounding objects; and yet, if we attempt to look through the objective, the interior of the tube will appear absolutely dark. We have in this an apparatus analogous to the eye; the objective representing the cornea and crystalline lens, and the white paper representing the retina; and we find in it the same complete interior darkness as in the eye itself, so long as the paper is accurately placed to receive clear images of external objects. But if the objective be removed from the tube, or if its distance from the paper be considerably varied, the bright whiteness of the latter becomes immediately visible to the spectator.'

"Of the light reflected from the ocular background, a portion returns through the dioptric media and passes out of the eye. But, in consequence of the action of the refracting apparatus, and especially of the cornea and crystalline lens, the incident and emergent luminous cones coincide precisely; insomuch that, if the eye be ex-

actly accommodated for any luminous point, the rays leaving the organ will return to, and be again united in, that point itself. The object and its retinal image are in the position of conjugate foci; and the rays proceeding from either focus are reunited in the other; so that every ray, in its exit from the eye, follows precisely the same course as in its entrance, and the image of the retinal image is formed only at the luminous object-point. In order to perceive the returning rays, it is evident that the eye of the spectator must be interposed between the source of light and the eye that is illuminated, which cannot be done without cutting off the illumination from the latter.

"It is just as little possible to perceive light from the eye of another person when the latter is exactly accommodated for the pupil of the observer. For, under these circumstances, a perfectly dark image of the pupil of the observer will be formed on the retina of the eye that is observed. Conversely, the dioptric media of the latter will return an image of the dark portion of the retina to the former, and the observer will therefore see nothing but the reflection of his own dark pupil."

DISEASES OF THE INTERNAL EAR.*

By Laurence Turnbull, M. D.,

Aural Surgeon to Howard Hospital.

Acute Inflammation of the Labyrinth.

With pains which are in some cases deeply seated in the ear, and attended with violent fever, loss of consciousness, and convulsions, and in other cases only moderately severe, and extending over the temporal region, and the corresponding half of the head, and attended with but slight fever, incapability of holding the head erect, drowsiness, vomiting, and similar symptoms, a sero-purulent discharge takes place from the ear within the first twenty-four hours from the commencement of the attack, but no alleviation is produced, and death may take place in the first case in a few days, and in the second in a few weeks, with the well-known symptoms of inflammation of the brain.

In either case there is found, on dissection, injury to or destruction of the membrana tympani, the small bones of the ear, and the bony labyrinth, sero-purulent effusions into the middle and inner ear, and the skull, hardening of the cortical substance of the cerebrum and cerebellum of the affected side, and similar results, which show, beyond all doubt, the acute inflammatory character of the affection.

It is caused by mechanical injury of the membrana tympani, and of the labyrinth, by sharp-pointed instruments, for instance, by the incautious insertion of a pin for the purpose of cleaning out the ear, or by awkward and forcible attempts to extract, in spite of the struggles of the patient, foreign bodies by means of hooks, forceps, levers, and similar instruments.

The diagnosis is confirmed by the knowledge of the cause of the pains, and by the discovery by sunlight of laceration or injury of the membrana tympani, and of the filling of the tympanum with blood or bloody serum.

The prognosis is very unfavorable in cases attended with serious brain symptoms, such as profound coma, etc., and even in those in which the inflammatory symptoms are less strongly marked, there is great danger to life.

The treatment must in all cases be energetically antiphlogistic; besides a cool and elevated position of the head, and the maintenance of quiet in the neighborhood of the patient, cooling drinks, antiphlogistic and purgative medicines, copious and frequently repeated bleedings are necessary around the affected ear, and at the nape of the neck, ice-cold applications to the occiput, tepid oil repeatedly poured into the ear, which, if the pain obstinately persists, must be surrounded with warm poultices of bruised meal, day and night, whilst the ice-cold applications are continued to the occiput.

If by these means the inflammation in the ear and membranes of the brain, the violent pains, etc., are subdued, the life of the patient is saved, but the hearing of the affected side is irrecoverably lost.

Chronic Inflammation of the Labyrinth.

After an apparently harmless flow from one or both ears, varying greatly in quantity and quality, and attended with a greater or less degree of hardness of hearing has lasted for several years, the patient suddenly complains of dull pains in one ear, extending with greater or less rapidity to the temporal region, the top of the head and the nape of the neck. Sometimes, but less frequently, however, the pains in the ear are very acute, and extend to the adjoining cheek, the tongue, the soft parts of the neck, and the upper arm, in such a radiating manner that they have been frequently confounded with "tic douleureux." In these cases, the meatus is filled near its entrance or even in its deeper portion, with extremely sensitive fleshy vegetations, by which the examination

* From Kramer.

with ear specula or probes is rendered very difficult, or even impossible. In all cases, the pains in the head are rendered unbearable by walking or riding on stone pavements, by taps on the head with the finger, etc., the spirits become depressed, followed by insomnia or drowsiness, with inability to hold the head erect, and paralysis of the muscles of the face, and even of the upper arm of the corresponding side. Sooner or later are added vague febrile disorders, returning with or without ensuing heats and morning sweats, from which is developed typhus fever, with coma, delirium, convulsions, vomiting, etc., and the patient is delivered by death from his sufferings. Long before this stage, the discharge from the affected ear assumes an ichorous and offensive character, and the hardness of hearing is changed to complete deafness.

If the patient is found in a condition in which ocular inspection of the affected ear at a window by strong sunlight is possible, the above-mentioned fleshy growths are found, in a few cases, in the meatus, but far oftener, the membrana tympani is found either partly or entirely destroyed, the small bones of the ear consumed, the tympanum filled with dirty pus, and its lining membrane of a dark red color, and covered with fungous granulations, or partially destroyed; with the probe, the carious surface of the bone may be distinctly felt. If death ensues, there is found, in addition to the caries of the labyrinth, a similar condition of the Fallopian canal, whilst that portion of the dura mater which covers the petrous portion of the temporal bone is found injected, loosened, thickened, and covered with pus, the cerebrum and cerebellum (most frequently the latter) changed in various ways by the inflammatory process, hardened, congested, softened, and containing abscesses, which communicate by carious openings in the petrous portion of the temporal bone with the labyrinth and tympanum. These lesions are of so important a character, and the primary ear-affection (chronic inflammation of the perforated membrana tympani) thrown so much in the background by long continuance and neglect, that during the existence of this life-endangering complication with secondary brain symptoms, it has been so little thought of, that in explaining the appearances presented on dissection, a primary character has been assigned to them, instead of to the ear-affection, (Itard otorrhœa cerebralis primaria.)

In a very few cases, the periostitis of the petrous portion of the temporal bone does not extend to the dura mater and brain, but terminates in the exit of the pieces of carious bone. The most remarkable instance of the kind known, was that of a boy of seven years of age, from whose left ear, which had been discharging pus for several years, a carious piece of bone, 1″ long, and ½″ thick was removed, on which the meatus auditorius internus 3-5‴ deep, the diploe of the petrous portion of the temporal bone, and the two windows were distinctly recognized. After the removal of a second piece of bone, the sore in the external meatus healed within four weeks without any unfavorable symptoms, so that the boy, although, to be sure, completely deaf in that ear, and with paralysis of one side of the face, was in a condition to be discharged from the hospital.

The chief point in the diagnosis between chronic and acute inflammation of the labyrinth is the slow development of the first from a long-existing inflammation of the membrana tympani, which is probably always perforated, and of the adjoining lining membrane of the tympanum.

It is seldom that we can discover the causes of the extension of chronic inflammation of the membrana tympani to the mucous membrane of the tympanum, labyrinth, etc., except in the case of taking cold; the abatement of the discharge from the ear, which sometimes takes place at the same time with the occurrence of the life-endangering symptoms, cannot be considered as the cause of the latter, but as the simultaneous effect of some increased irritation of the lining membrane of the tympanum.

The prognosis is in a high degree unfavorable, especially in cases where polypus and powerful growths are found in the meatus or on the mucous membrane of the tympanum, above all, however, in cases in which typical and atypical chills have taken place several times in twenty-four hours, for this is the indication of a fatal formation of pus in the cavity of the skull. Superficial caries in the tympanum is not dangerous to life; even paralysis of the muscles of the side of the face corresponding to the affected ear is not always incurable. If the danger to life is averted, the hearing is nevertheless destroyed in the affected ear.

The treatment must be prompt and energetically locally antiphlogistic; an elevated position of the head, in a cool room, on a horse-hair pillow, copious evacuations by means of calomel, etc., leeches in as great number as the strength of the patient will bear, applied in the neighborhood of the affected ear, and to the occiput, ice-cold applications to the latter, and tepid oil poured into the affected ear, especially when the accustomed discharge from the ear has abated; finally, a pow-

erful pustulating ointment between the latter and the nape of the neck, applied until a plentiful eruption is produced, which should be kept discharging according to circumstances. Painful growths in the meatus or in the mucous membrane of the tympanum render any application of caustics, ligatures, cutting instruments, or even weak solutions of zinc or lead, inadmissible, for they are always irritating to them, and invariably cause either a reproduction or increased growth of them. In all such cases that I have seen, the patients have been lost.

[To be continued.]

Hospital Reports.

Pennsylvania Hospital,
April, 1865.

Medical Clinic by Dr. J. M. Da Costa.

Reported by C. R. Morgan, Medical Student.

Rigidity of the Adductor Muscles.

H. W., æt. 15, admitted into the hospital on the 23d of January. He had been sick for two years, having what he described as rheumatic pains, affecting the hip-joint and legs, but no swelling of the joint was then perceived. At first the case was set down as chronic rheumatism affecting these parts. But on exploration of the limbs, nothing could be found that warranted the supposition that the boy really had any chronic rheumatic affection of the joints, or that it was the cause of his lameness.

We then pursued our investigations more closely, to select, if possible, the seat of complaint, and find the clue to the singular loss of motion which he exhibited.

In tracing out his history, we find the following facts: He was delicate for years together; was taken ill about two years ago with a pain in his leg. This was followed by lameness and stiffness, which came on four months ago. He walked perfectly well three years ago, before he had these pains, but has not since. Only during the last four months has he had any stiffness.

I have been told by a physician who attended him, that the mother of the boy dates his lameness to a day when he was exposed to a rain. If you will assume this as evidence, and add to it what the boy tells, we may lay down his history thus: That he had pain in his limbs for two years, some difficulty in walking, though not very marked, till about four months since, when after exposure, he become suddenly, decidedly lame; and that he has had since that time more pain in his limbs. This is about the only history we can get. He has had no swelling of the joints. Since he has been under observation, he has lost flesh. We have confirmed all the boy's remarks as to his inability to walk without mechanical assistance.

The history of the case being insufficient, we shall have to rely almost entirely upon an examination of it. You perceive that this boy can stand, but not walk, and that there are movements in which he cannot use certain muscles at all, and these movements are those in which the adductor muscles are concerned. He has not the power of flexing the thigh, and when we come to feel the adductor muscles, we find them rigid, their insertions being tense like a cord; in other words, we find that the boy has not the power to adduct his thighs, owing to a rigid state of his adductor muscles, and, in truth, when we attempt to do it for him, the attempt is productive of the greatest pain.

Now, gentlemen, it was only gradually that I arrived at this conclusion. I thought at first there might be a disease of the hip-joints, until I came to examine them closely. They were also examined in consultation, by one of my surgical colleagues, and we had no reason to believe that this stiffness was owing to any affection of those joints.

Tracing out the action of the muscles in the way I have just shown you, I found gradually, that the real difficulty was in the adductor muscles. This, then, is a curious case, namely, local disease of the adductor muscles, consisting in a permanent contraction of these muscles. Having found this to be the case, let us investigate whether this morbid state of the muscles, for such we will call it at present, is due to spasm or paralysis.

Finding this boy unable to move those muscles, you want to know whether or not this loss of power be the result of permanent contractions, or whether it be the result of a paralyzed state of the muscles. That, of course, will be an important point to solve. Now, gentlemen, it is not paralysis, for these reasons: a paralyzed muscle is not painful, when you cause movements to be executed; but here there is a great deal of pain. Again, you will very rarely find such marked rigidity of a paralyzed muscle as you perceive here. And, further, such local paralysis would hardly exist in a case merely confined, as here, to an individual muscle.

You might have rigidity of the muscles in paralysis, though it is very rare, except in rigidity associated with general palsy. For these reasons, we are fairly justified in stating that this is a case

of spasmodic contraction—irritability, if you object to the word spasm, with rigidity of the adductor muscles.

When you come to ask me what is the cause of this rigidity, I am unable to give you a positive answer. But we will now subject this boy to two important and delicate tests, viz. the galvanic current, and ether. We find in the first place, by the trial by galvanism, that the muscular fibre fully and fairly reacts. You can cause these muscles, rigid and tense though they be, to contract, and we infer, when you have muscles that are capable of fully contracting by the galvanic stimulus, that there can be no extensive disease of the cord, at least of the central portion.

There, then, was one inference: secondly, the very fact that these muscles contracted, was a proof that the muscle itself was not diseased. There can be here no progressive atrophy or degeneration of muscular fibre.

Having settled this point, we etherise the boy, and find the contraction remains permanent, proving that there is a permanently acting cause; that it is not a mere spasm, but that there is a cause which persists, no matter whether you suspend certain actions or not, as you can by anæsthesia. You may deprive him of will; you may relax the muscular structures everywhere, but cannot in these rigidly contracted muscles. We are therefore driven to this conclusion, that this state of muscular rigidity does not depend upon a disease of the muscle itself, that it is a permanent one kept up by some permanently acting cause which cannot be removed at will; and further, we are driven to the conclusion that this state of muscular rigidity is not due to a central lesion of the spinal cord; for if it were, there would be paralysis rather than rigidity, and there would not be motion under the galvanic stimulus.

Now taking the history into account, I think it not unlikely that this boy had a rheumatic affection originally of the membranes of the spine; that this rheumatic affection, if we can take his statement, came on suddenly—a decided lameness, after a cold and an exposure, and that previously the boy had flying pains in his limbs; and I think that this rheumatic inflammation left behind it some thickening; something which irritates the nerves, supplying these muscles at their very beginning; some irritative lesion pressing upon these nerves, if you like.

Now comes this question: What are we to do for this boy? What are to be the therapeutics of this case? It is an abstruse and difficult case to diagnosticate; and what good will our diagnosis do, except we try to obtain some good results therefrom? I shall use iodide of potassium, and counter-irritation to the spine, especially near the origin of the lumbar plexus; that I think is fairly implicated here; after that, blisters or the tincture of iodine if you like, of course, attending to the boy's general condition; and moreover, I have thought whether or not we might not employ the antagonism of certain muscles to restore this boy's limbs to their proper condition. Why should we not try to impart an additional strength to the muscles which are antagonistic to the adductors, giving them increased vigor, and hoping thus to counteract this rigidity? We will therefore use localized galvanism to the muscles which counteract the adductors. They are chiefly the muscles of the gluteal region.

We shall, moreover, here try to extend the limbs as much as possible, to put the adductors on the stretch, so as to call upon the other muscles for increased vigor. It is the simple idea of trying to restore the tone, by addressing our remedies, not to the rigid, but to the sound muscles.

Another case of rigidity of the muscles of the limbs, showing how, with one symptom, we may have very different causes.

A. R., æt. 50. Admitted on the 18th. Has been a resident of Philadelphia most of her life. Married at the age of 15, and is the mother of fourteen children, eight of whom have died, mostly young—four of consumption. She has always been a hardworking woman, but she states that she enjoyed excellent health. She had very severe labors with the most of her children, and has twice been delivered by forceps. She states that she suffered with inflammation of the bowels, after delivery, on one occasion. Of course, we have nothing but her own statements to go by.

Ceased to menstruate at the age of thirty-eight. Soon afterwards, she noticed difficulty in urinating, sometimes passing but little water, again, discharging unusual quantities. About three years ago, (and now we come to the history of her present ailment,) she exposed herself to damp and cold, whilst whitewashing in a cellar, and on the following day, was seized with violent pain, which confined her to her bed for many days.

This pain, she states, has continued to the present time, but recurs at irregular intervals. Now, there are certain morbid phenomena here

traceable apparently to cold and exposure, which came on with pain in the back, extending around the ilium, producing the sensation as if there were a rope tied around her waist. She still has the pains; has had them since she was first attacked, and from that time, her limbs have been numb. Lost the power of walking, on the 4th of March, and has never walked since.

Here then, going by her own statements, we have a case of paralysis of two years' duration, coming on rather suddenly. A case of paralysis moreover, associated with a feeling of numbness in the extremities, and also with peculiar muscular contractions, which she describes by the expressive word of the *draws;* in other words, these muscles at times get rigid. There are cramps in these muscles. She has not one of these attacks just now. They come sometimes every ten minutes; at times, she is free from them for an hour. You can cause these muscles to spasmodically contract by pressing on them.

The external hamstring muscles chiefly become rigidly contracted. Apparently, she cannot move her limbs herself. She lies always with her limbs flexed, much flexed. So that if we sum up the evidence with reference to the muscular system, we have this:—

That there is spasmodic contraction of the hamstring muscles, almost permanent; that the limbs are permanently flexed; that this contraction is subject to exacerbations, during which the muscles become very prominent, a muscular spasm taking place; that these spasms have occurred more or less constantly for two years, and that total inability to walk has existed up to this time—paralysis, using the term in its general sense; and that she complains also of numbness in the feet.

When we investigate this numbness, we perceive that sensation is very little, if at all impaired. She feels when we pinch her, and draws away her legs. Here is a puzzling case. A case of paralysis, a case of muscular spasm and rigidity, and a case lasting for a number of years. I watched this case, for some days, closely, with the aid of my assistants, and upon further investigation, found she had a hacking cough. Yet, on examining the lungs, there was nothing which showed them to be diseased. The urine was of acid reaction, of a sp. gr. of 1015, and we examined every organ except the uterine organs, and we found them healthy. Therefore, we could not conclude that this loss of power was reflex, for there was no irritation to be reflected. Subjecting this woman to the test of ether, always invaluable in cases of muscular spasm or paralysis, we got this curious result, that all the paralysis disappeared, she kicked very lustily, she got out of bed perfectly able to move every muscle of her body, just as soon as she was under the influence of ether. The reflex movements were more active; we pricked her with a pin, and instantly her limbs moved. She passed from under the influence of the ether, and again she could not move.

Now, gentlemen, tracing this up further, we find this woman, who has a very irritable temper, has at times violent spells of crying, laughing, and anger; that there has been a great deal of domestic disturbance mixed up in her history, and that she, in spite of her age, is a marked illustration of the hysteric temperament. Therefore, this disorder—I am not now speaking so much about the spasms—this paralysis, in my opinion, is a case of hysterical paralysis. Moreover, this view of the case was borne out by the test of galvanism, namely, subjecting the muscles to the localized currents in the manner you have already seen, the muscles all move.

If this had been a case at all of central disease, it would, of necessity, have been a case of spinal disease, for the upper extremities are healthy. It would have had to have been a case of spinal softening, and then we should have found the muscle remaining immovable under the galvanic stimulus. Partly then by etherization, which proves the muscular power to exist; partly also by the galvanic stimulus, which, with so marked a loss of power, ought to have shown us diminished contractility, if the palsy were due to a spinal lesion; partly by these means, we are driven to this conclusion, that it is a case of loss of power only. Simply and purely hysterical in its character, there are in this case two more points to be considered, one the probable relation of the repeated labors to the phenomena; or whether or not there be any uterine disturbance: Secondly, to give you some connected and rational explanation, if that be possible, of the singular recurrence of repeated spasms taking place in the same muscles, having led, as they unquestionably have, to some slight rigidity of these muscles, for, although very much relaxed by ether, yet the rigidity did not wholly cease. We shall have to discuss these matters another time.

I will merely say, further, that we are treating her with the valerianate of zinc internally, two grains three times a day. We are giving her nervous tonics and antispasmodics.

PHILADELPHIA HOSPITAL,
December, 1864.

SURGICAL CLINIC OF DR. D. HAYES AGNEW.

Reported by Wm. H. Ford, M. D., Resident Physician.

Secondary Syphilis.

When the chancral virus has infected the system, we have its effects first manifested upon the skin and mucous membranes,—constituting secondary syphilis. The syphilitic virus enters the system in two ways; namely, by the lymphatics, and by the veins. It may be safely estimated that, in most cases of constitutional contamination, the veins have been the channels through which the contagious matter has gained access to the circulation. Infection by the lymphatic system is necessarily a slow process, as a reference to anatomy will prove.

There is one set of vessels which enters the glands—the afferent vessels,—and a different set which emerges from the glands—the efferent vessels. The virus, after entering the gland, is arrested, and by its presence produces irritation, inflammation, and sometimes suppuration of the gland, which we call bubo. It is afterwards borne on into the system by the efferent vessels.

In the veins there is no obstruction, and therefore through them the contaminating poison is rapidly carried into the blood, impressing its noxious qualities on it, and subsequently upon the solids. When syphilitic virus enters the system, the first change in the blood is a deterioration and diminishing of the red corpuscles, and an increase of the white corpuscles; hence, some writers assert that the diagnosis of syphilis can be determined by a microscopical examination of the blood. But any inflammation of the lymphatic system is attended with such results; therefore, this so-called diagnostic sign is invalid.

At a certain period after the first appearance of the chancre, (varying from four or five weeks to several months), peculiar morbid appearances manifest themselves upon the skin and mucous membrane.

Constitutional Symptoms of Secondary Syphilis. The constitutional symptoms are mental and physical.

For ten or twelve days before the visible signs of the disease appear, there is great inaptitude, on the part of the patient, to attend to his usual duties. He has languor, depression of spirits, and an expression of melancholy. Gloomy forebodings harass him day and night. He has severe pains in the head, shoulders, clavicles, legs, and above and below the eyes, in the course of the infra-orbital, and supra-orbital nerves. His appetite leaves him; his bowels become constipated; his skin becomes dry and muddy; his secretions are deranged, and his pulse accelerated. After these phenomena have continued for a few days, the disease manifests itself, as before stated, upon the cutaneous and mucous surfaces, in the form of eruptions. If the mucous membrane be involved, the patient complains of cough on account of pharyngeal irritation. When the throat is examined, it presents a livid, congested appearance. The epithelium may be destroyed, and abrasions of the mucous surface follow, which may run on to ulceration. A thick, viscid mucus is secreted, which the patient detaches with difficulty.

The cutaneous eruptions occur under the following forms; the exanthematous, papular, vesicular, pustular, tubercular, and squamous.

Exanthematous Variety. Perhaps the most common form of eruption is the exanthematous, manifesting itself as syphilitic roseola. The eruption of syphilitic roseola simulates that of measles. It has a violet-red hue, and not a copper color, as some assert. It may last for a few days, or for several weeks. It gradually fades away, producing slight desquamation of the cuticle. It may be distinguished from other cutaneous eruptions by the absence of itching, and by the history of the case.

CASE. Roseola of the trunk and extremities. The patient has a soft chancre, which has not entirely healed. The eruption is gradually fading away, with slight desquamation of the cuticle.

Syphilitic Papulæ. Another common form of eruption is the papular, affecting the skin and hair follicles. Sometimes the hair falls out, and is reproduced after the subsidence of the disease: and again, the hair follicles are destroyed, and permanent alopecia results.

CASE. Six weeks after the first appearance of the primary sore, the patient's hair began to fall out, so that there is now very little remaining. The disease about the follicles has been checked, so that the hair does not fall out now, and there is some reason to expect its reproduction. Lichen is another form of syphilitic papulæ. In the case exhibited, the papular eruption occurs in irregular patches, principally upon the arms and shoulders. In places, the epidermis is beginning to desquamate. It may be distinguished from ordinary lichen by the absence of itching, and by the presence of other syphilitic symptoms.

Syphilitic Vesiculæ. The vesicular eruption is not a common disease. It most frequently affects the chest and extremities. Case of the eczematous variety exhibited, in which the head was

principally affected. The hair follicles are somewhat involved. There are also eczematous patches upon the elbows and knees.

Syphilitic Rupia. Rupia first begins with reddish spots, over which the epidermis is soon elevated by an accumulation of serum, which gradually becomes thick and turbid, and forms yellowish scabs. The ulceration underlying the scabs extends, and likewise the scabs themselves, which become broad and elevated, so as to assume a conical form. Rupia may occur upon any part of the body, but is most common upon the inferior extremities.

Case 1. This exhibits rupia in its early stage. In some places there are little reddish spots; in others, bullæ have already formed; and again, we find the eruption advanced to the scabbing stage. The eruption is seated upon the forehead, breast, back, and upper extremities.

Case 2d, exhibits rupia in its advanced stage. It is principally confined to the lower extremities. The scabs are conical, stratified, by the successive additions of layers, and are of a brownish-yellow color. On account of the great prominence of the scabs, this form has been called rupia prominens.

Syphilitic Squamæ. The squamous eruptions usually supervene upon some other syphilitic eruption, and mostly occur in patches.

Case. Syphilitic psoriasis upon the superior extremities and shoulders, situated upon the cicatrices of old rupial sores.

Syphilictic Tubercles. Another form of eruption is the tubercular, which consists of solid elevations, varying in size, and situated all over the body, but most commonly about the face. They usually ulcerate. When the ulcers heal, they leave white, depressed cicatrices.

Case. Tubercles from the size of a pea to that of a marble, situated upon the face, neck, shoulders, and back. The patient has had alopecia and syphilitic sore throat. Some scars are observable.

Tertiary Syphilis.

The tertiary symptoms of syphilis, occurring third in order of sequence, form an important class. They indicate a more advanced stage of the disease. Every part of the system is liable to its inroads; but the tissues most frequently affected are the skin, mucous membrane, and the fibrous and osseous tissues. Under the influence of early and long-continued treatment, assisted by hygienic precautions, tertiary syphilis may be averted, or kept in abeyance.

Syphilitic Orchitis. One of the most common forms of tertiary syphilis, is syphilitic orchitis, or sarcocele.

Case. J. R., æt. 32, had a chancre about six months ago. Six weeks after the appearance of the chancre, he was attacked with sore throat, and an eruption of the skin. Both testicles are affected, but especially the right. The epididymis is not affected in this variety of orchitis. The organs were very tender at first, but have now lost much of their supersensitiveness. They are enlarged and indurated, on account of a deposit of lymph in the intertubular cellular tissue.

Gummæ. The gummy tumors belong to the later manifestation of syphilis. They are soft and elastic, and have their situation in the skin, subcutaneous and submucous cellular tissues, and in the muscles. Their contents consist of elementary connective tissue, fat cells, and small granules. These tumors become painful; the skin ulcerates; the contents escape, and ulcers are formed, which, when healed, leave white, depressed scars.

Case. There are several gummy tumors situated about the right shoulder. There are also scars which indicate that the affection is not recent.

Nodes. The periosteum is a common seat of tertiary disease. It becomes inflamed; lymph and serum are effused between it and the bone, elevating it, so as to form a tumor called a node.

Nodes are extremely sensitive, especially at night. They most commonly affect the frontal bone, clavicle, ulna, tibia and fibula.

They may become organized, and, by the deposit of earthy matter, assimilate bone, thus forming an osteocope. The disease may advance to caries and necrosis. The bone being deprived of its periosteum, and therefore its blood-vessels, by the effused serum and lymph, is cut off from its source of life. The dead bone is separated from the living by ulceration, and reparation takes place.

Case 1. General fibrous involvement. One year ago the patient had a chancre, followed by an eruption. He now complains of pains all over his body, which are so severe as to prevent all motion. The whole periosteum seems to be involved.

Case 2. Well developed nodes upon the tibia. The patient had a primary sore several years ago. There is tenderness along the clavicles and ulnæ. The pain is sharp, and is intensified at night.

Case 3. R. C., æt. 22, had a chancre about two and a half years ago, followed by syphilitic eruptions. Nodes appeared on the top of the head about one year ago, involving both parietal bones, and resulted in extensive necrosis. Under

judicious treatment, reparation took place; plates of dead bone became loosened, and, when removed, disclosed a healthy, granulating surface. The parts have now healed.

Case 4. M. G., æt. 28, has been affected by disease of the periosteum of the frontal and parietal bones, and of the tibia, for one year. The frontal and parietal bones have become diseased, and repeatedly, small pieces of bone have been removed. No exfoliations from the tibia have taken place. The primary disease occurred about a year previous to the inception of the nodes.

The hard palate is frequently involved by syphilitic disease, and often the floor of the nose is destroyed. The small turbinated bones of the nose likewise often become affected, constituting a disease called ozœna, characterized by a very offensive, muco-purulent discharge.

The treatment of secondary and tertiary syphilis, notwithstanding their Protean phenomena, may be summed up in a few words. It consists in bringing the system under the influence of certain alteratives, such as mercury, or the iodide of potassium, or both conjoined, which is the favorite of many practitioners. The form of mercury most desirable as an associate with the iodide of potassium, is the bichloride; and its claims to professional confidence rest on a solid foundation.

The mercurial vapor bath constitutes an excellent adjuvant, often acting most decidedly on cutaneous eruptions. Tonics will often be required, especially of the ferruginous class; and a good diet is of the utmost importance. Nodes, during the inflammatory stage, should be treated antiphlogistically; and should pus form, should be opened to the bone. A subcutaneous section of the periosteum often greatly alleviates the suffering.

Editorial Department.

Periscope.

Continuance of Life of the Fœtus after the Mother's Death.

Professor Breslau has attempted to solve the question, how long can the fœtus live after the mother's death? by means of experiments on the lower animals. He details and tabulates twenty experiments, the greater number being performed upon Guinea-pigs. The following conclusions are drawn:—1. The life of the fœtus always endures with a certain independence after the mother's death. 2. The life of the fœtus in the dead mother is very quickly in great danger, which reveals itself in strong convulsive movements. 3. "Apparent death," into which the fœtus commonly falls in the first minute after the mother's death, may be continued in the uterus in extreme cases as long as eight minutes, but mostly death occurs much earlier. 4. The fœtuses removed, "apparently dead," from the body of the dead mother, are nearer to death than to life, for they do not recover by themselves, but quickly, almost without exception, perish. 5. Only seldom, and in the most favorable case, will the young be removed alive within five minutes after the mother's death. Even in the third minute the probability of extracting a live fœtus is very small. 6. If we operate later than five minutes, we cannot extract a living fœtus; if we operate later than eight minutes after the mother's death, not even an "apparently dead" fœtus can be extracted; the young are by that time dead. 7. The mode of death of the mother seems to be without influence upon the life and death of the fœtus. Death by asphyxia is unfavorable to the fœtus; death by hæmorrhage more favorable, so also death by chloroform, and by paralysis of the nerve-centres. 8. It appears to be of consequence for the persistence of life whether the fœtus be mature or immature, but the experiments could not determine this matter. With regard to the applications to the human fœtus and to practical obstetrics, Dr. Breslau submits that:—1. There is no doubt that the human foetus, like the brute, always survives its mother when the mode of death is rapid and violent, as from bleeding, blows on the head, apoplexy, etc. 2. Daily experience shows that the power of resistance of the human fœtus is greater than that of the brute. 3. The duty of every physician is, after the ascertained death of the mother, to perform the Cæsarean section as quickly as possible, in order to save the child's life. The Cæsarean section may however, be avoided when the previous death of the fœtus is certain, or when the fœtus may more readily be delivered by the natural passages. 4. The Cæsarean section will give no prospect of a living or of an "apparently dead" child, if not performed within the first fifteen or twenty minutes after the mother's death. 5. If the mother have died from disease, as from cholera, typhus, puerperal fever either during pregnancy or labor, scarlatina, smallpox, etc., there is no hope of saving the child's life. The same will be the case in those poisonings of the mother which effect a rapid decomposition of the blood, and which affect the child, as by hydrocyanic acid. Chloroform-death appears to be an exception, since chloroform, as such, does not pass into the fœtal circulation, of which one may be convinced by any labor completed under chloroform, narcosis. In the discussion of the memoir in the Berlin Obstetrical Society, Professor Martin observed that in none of the four cases in which he had performed Cæsarean section after the mother's death was a living child extracted. In one the operation was completed within ten minutes; in one it was done "very soon;" in the remaining two it was done within half an hour. Dr. Boehr referred to a collection of cases in *Caspar's Wochenschrift*, in which out of 147 cases only three instances of living children occurred.—*British and Foreign Medico-Chir. Review*, January, 1865.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 20, 1865.

PAST—PRESENT—FUTURE.

Most of the readers of the REPORTER know something of the difficulties with which it has had to contend during the past four years, as we have too frequently had occasion to advert to them. They can, however, at best have but a very faint conception of our struggles and trials. We could scarcely be tempted to encounter again, the labors and anxieties through which we have passed, even with the motive as a guiding principle, which has ever actuated us, of insuring the success of an enterprise, which we sincerely believe is of vital interest to the well-being of our noble profession. From the inception of this enterprise, in 1858, it has been our conviction, and testimony has accumulated every year to confirm it, that a weekly journal, on precisely the plan of this, was the ONE THING in a literary way, that was needed in this country to secure the elevation of the medical profession to its proper level; and we venture the assertion, that during its existence as a weekly, the MEDICAL AND SURGICAL REPORTER has done its full share—we believe, indeed, more than all other agencies combined—to create a taste among the masses of the profession for reading. This it has done, not from any superiority as a literary enterprise over its cotemporaries, but from its popular cast, and the very extensive circulation it has enjoyed. Since its career as a weekly began, in 1859, to the first of the current month, it has circulated *more than* SEVEN HUNDRED THOUSAND *copies* throughout the country; principally, of course, among country practitioners. Its circulation now, is at the rate of more than *a hundred and fifty thousand* copies a year, and is rapidly increasing.

It may seem paradoxical, that with such an immense circulation we should have had any pecuniary embarrassments. Nor should we, but for the remarkable increase in the cost of production. In 1861, paper cost about *ten cents* a pound. During the past year we paid as high as *thirty* cents. Printing bills, and office expenses increased during the same period nearly one hundred per cent. each. At the same time, our increase in subscription price, and diminution in amount of reading matter, taken together, did not enhance the cost of the REPORTER to subscribers, fifty per cent. It has been our aim to survive our national trials, *and still keep the* REPORTER *a low-priced journal.* We believed that by perseverance, and a firm reliance on the profession, we could do this. IT HAS BEEN ACCOMPLISHED.

Now we must address ourselves to the task of improving the REPORTER in all respects. It is expected that, in the present condition of the affairs of the country, the cost of issuing the work will diminish ere long. As soon as that "good time" comes, we shall take full advantage of it for the benefit of our readers, in giving them an increased amount of reading matter. By making entirely new arrangements in regard to our printing and supply of paper, we have lately been enabled to do something toward a reduction of prices, and the prospect seems good for a further reduction soon.

For the present, having brought our issues up to time, it shall be our aim to keep them so.

Our readers will have observed that there is already some improvement in the literary contents of the work. On the faith of diminished expenses and an increased income, we have made some literary engagements which will involve a very large expenditure, but which will greatly enhance the value of the REPORTER. There is scarcely any limit to the amount which may be expended in this way in the improvement of the work. We do not propose to pay, nor is it expected that we should, for every article that we publish; but we desire to be in every way liberal in the management of the work, to encourage *original research*, by paying well for it, and would gladly, now, if we had the means, offer valuable prizes, to be paid in money, to this end. The time, however, is apparently not far distant, when we shall be able to accomplish this. Our present arrangements for literary compensation involves an expenditure of *over two thousand dollars a year*, exclusive of compensation for editorial labor, and this amount will be cheerfully doubled as soon as we have the ability.

The surest way to ultimate success in all our plans, is through judicious management and the strictest economy. We cannot, and must not, furnish the REPORTER to those who do not promptly pay their subscriptions, but shall, after due warning, exchange their names for those of paying subscribers. Every copy we print costs us, in positive outlay, about seven cents. A few weeks ago, we cut off two hundred and fifty delinquent subscribers, whose places have already been supplied by new ones, who have paid their subscriptions—an advantage of $35 a week in favor of the *supporters* of the enterprise.

We shall confidently look to our old friends and subscribers to aid us, *first*, by promptness and

liberality in renewing their subscriptions; and, *second*, by exerting themselves to increase the income by extending our circulation. Double our present list of subscribers, and we will not wait a moment for prices to fall, or hesitate about offering liberal prizes to encourage and compensate for original research. *Verbum sat sapienti.*

WILLIAM DARRACH, M. D.

Dr. William Darrach, who died on the 6th inst., in the sixty-ninth year of his age, was one of the most distinguished physicians of Philadelphia. For nearly half a century he has occupied the position of a successful and honored member of the profession, whose rewards are never recorded to any but those earning them by distinguished ability, in a city where competition in that profession is unsurpassed.

Dr. Darrach was born in Philadelphia in 1796, and at an early age entered the University of his native city, to study medicine. A close student, he followed the full course of lectures in that institution by another course at Paris, graduating at the latter city.

His services to this city were large. The founder of the Pennsylvania Medical College, he was for years its presiding professor. He was also the attending physician of the Pennsylvania Hospital, one of the noblest institutions of its class in the world. A man of immense professional learning, his private practice was very large, and his skill, courtesy, and goodness, endeared him to an immense circle of patients, friends, and acquaintances. No medical gentleman of this city ever devoted more of his precious time and inestimable services to the poor than Dr. Darrach, both in his private practice and in his connection with large numbers of the benevolent institutions of the city.

Dr. Darrach was an earnest student in his profession. The general subject of fever he investigated largely, and collected a considerable amount of material bearing upon it, which, at one time, he thought of publishing. Whether he left his manuscript in a condition for publication, we are not aware. Some of his views were peculiar and original.

Dr. Darrach's disease was typhoid pneumonia. His death deprives a large family of a father's love and care, but he leaves a son who is following rapidly in his footsteps, having already, though young, secured an enviable eminence in his father's profession.

Dr. Darrach was a member of the Second (Dr. Sheld's) Presbyterian Church, and has acted for some years as one of its elders. His death will be felt as a heavy loss by a large portion of the citizens of Philadelphia, where he was much beloved and respected.

PHYSICAL EDUCATION.

Fortunately for those, and there are many such, who cannot leave the city at stated seasons for the purpose of exercise and recreation, and the recuperation of their physical powers, provision is made in various ways to supply the want. There are various places of resort for gymnastic exercises, particularly for the male sex, and there are certain out-door sports in which they can engage, and which, by the way, is the best kind of exercise that can be had. In the winter season it has, of late, become quite fashionable for both gentlemen and ladies to take a great deal of out-door exercise on the ice. Skating has become one of the fashions. But there are persons, invalids, and others, of both sexes, who cannot get the benefit of out-door exercise, either in winter or summer, and indeed, whose physical condition is such as to require the superintendence of an intelligent instructor as to the amount and kind of exercise to be indulged in. For such persons, an institution like the Natatorium and Physical Institute of Dr. Jansen, on Broad street below Walnut, or the Gymnasium of Messrs. Hilde-burn & Lewis, at Ninth and Arch streets, offers very decided advantages that should be made use of.

A visit to Dr. Jansen's Institute impressed us with its importance and usefulness. It is well adapted for physical training, is centrally located, and what is of still greater importance, is in charge of a man who has the qualifications necessary to make the best use of the splendid means at his command for physical training. We would call the attention of our profession to this Institute, as one to which they can often recommend patients greatly to their advantage. Besides the ordinary gymnastics, swimming is taught to both sexes, and the swimming bath is an unusually fine one. A visit to this institution would well repay the time and trouble.

Monument to Dr. Mott.

Dr. Samuel W. Francis, of New York, proposes that the admirers of the late Dr. Valentine Mott—and surely every medical man in America is an admirer—contribute a small sum for the purpose of erecting a bronze statue to the memory of that great and gifted surgeon. A proper location for such a statue would be in the Central Park of New York. He gives ten dollars.

Notes and Comments.

The New York Medical Journal.

Since our recent notice of this valuable monthly was written, we have learned that Dr. J. H. Douglass is associated with Dr. W. A. Hammond in its editorial management. Dr. Douglass is very favorably known as the former editor of the *New York Medical Monthly*. His connection with this new enterprise will do much to insure its success.

It is reported in New York, that the Sanitary Commission has subscribed to three thousand copies of this journal. We can scarcely believe that such a misappropriation of its funds has been made by that organization, certainly to the extent reported; though it will be remembered that among the singular expenditures of the Commission is a considerable amount for the publication of medical essays for the use of surgeons on the battle-field and in hospitals! It is possible that the Commission has undertaken to *distribute* three thousand copies of the *N. Y. Medical Journal*, as a favor to its reputed principal proprietor and editor.

Poisoning by Head-Cheese.

A subscriber in Utica, New York, mentions the fact that several families in that city were recently taken suddenly ill, with symptoms of cholera-morbus, after eating "head cheese." It could not be discovered, on examination, that the meat was affected, and there was no evidence of the presence of poison. It seems that the "head cheese" was procured from one source—a German butcher—and the popular supposition was that the meat was partially decomposed. Head-cheese is made of the gelatinous portions of pork pressed into a cake. The most rational supposition, it seems to us, is, that the substance in question was made either of partially decomposed or diseased pork. Possibly, a little *common glue*, which is often poisonous, from being made from the carcasses of animals that died of disease, or that were partially decayed, was added to give it a firmer consistence, which it may have lacked from a fault in making.

Our correspondent suggests whether some chemical change may not have been produced in the meat by electricity, and mentions, as coincident circumstances, that thunder storms occurred on the day after the making of the cheese, and on the day it was eaten. We cannot account for the phenomenon on this hypothesis. The one which we suggest above, seems to us more likely. Fortunately, no lives were lost.

Correspondence.

DOMESTIC.

Spotted Fever.

Editor Med. and Surg. Reporter:

Of spotted fever, or more properly *cerebro-spinal-meningitis*, I have had eight cases in my practice within the last two years. That this disease should not be classed among the fevers seems plain to any observing mind that may see but a single case. There is very little thirst, no heat of skin, and no increase in frequency of pulse. A cool rough skin, and a slow weak pulse were present in all my patients. Seven of my cases were children under ten years of age, and one an adult male. In all, the initial stage was very short, and in three it was of but a few hours continuance. The prevailing symptoms of all were headache, vomiting of a green mucus appearance, pulse slow and very feeble, skin cool and rough, pupils dilated, tongue coated brown, bowels constipated, retraction of head to the spine. In four cases this was so strong that deglutition could not be performed.

Eruptions appeared in all, but were more marked in some than others. These varied from the size of a pin-head to that of a three cent piece, and they were generally of an elliptical shape. No part of the body was exempt from these spots, but they were most numerous on the arms, hands, chest, and abdomen. In one case the thighs were thickly covered with them. They were of a purple hue, and many hundreds could be seen on the same patient; pressure would not remove them. In one patient these spots could only be seen by close observation, and appeared somewhat like measles not fully developed. In another, after the second week, they were raised above the level of the skin, and, when convalescence was fully established, came off in scabs not unlike to small-pox. These patches, or spots, made their appearance at an early period—often in the same day the patient was taken ill. Great restlessness and jactitation were constant symptoms. Severe pains, of a neuralgic character, were experienced in the arms, chest, bowels, and lower limbs.

The cause of this disease in all my cases depended upon imprudent exposure. In seven of the cases it came from wet feet. The first case I had was a boy of seven years old, he jumped into a ditch of water up to his knees, and was taken seriously ill the day following this act. He died two days after. The second case was a sister to this boy, of nine years. She got wet feet, and

was chilled, while attending the funeral of her brother; the same evening she was taken with vomiting, severe headache, and soon delirium set in; a slight bleeding at once, improved her condition immediately, and through good nursing and medicine she recovered in three weeks. In this case the eruption came off in scabs.

The third case was a young man of twenty years. He exercised very actively until perspiration flowed freely; then, without vest or coat, rode on horseback several miles, when a cold west wind chilled him, and in an hour after the ride he was delirious, and raved, and tossed incessantly until a few hours before he died. He died in forty-eight hours from the time of the attack.

The fourth, fifth, sixth, seventh, and eighth cases were all girls, aged from four to eight years, and all waded in water shortly before they were taken ill.

Four of my cases recovered and four died. In two instances I bled, and had good results. The bleeding was done immediately after the disease set in, and marked improvement was seen at once. I believe bleeding will do much good in this disease, if done within the first few hours of the attack—otherwise it does harm.

Our general plan of treatment consisted in counter-irritation to the spine and stomach, tonics and diffusable stimulants. Warm applications to the limbs will relieve the pain, so much complained of in many cases. Strychnia proved the most successful agent in removing the neuralgic pains that were kept up after the main disease had subsided.

I believe the disease to be a *congestive*, and not a regular fever, nor inflammation, and that the *cause* depends upon a sudden change brought on the system from warm to cold.

This is no miasmatic district, intermittents are not known. J. K. Holloway.

Nittany Hall, Pa., May 14, 1865.

News and Miscellany.

Tobacco and Insanity.

It has been proved that the increase of lunacy in France has kept pace with the augmentation of the revenue from tobacco. From the year 1812 to 1832, that tax produced 28,000,000, and the lunatic asylums of the country contained 8000 patients. The tobacco revenue has now reached the sum of 180,000,000, and there are no less than 44,000 paralytic and lunatic patients in the various hospitals devoted to their accommodation. This parallel has been drawn by M. Jolly, and laid before the Academy of Science. The last words of his speech on that occasion are worth recording in this age of universal smoking, and young boys, to whom this pernicious practice has not yet become second nature, would do well to reflect, ere it be too late, on the frightful warning the above statistics contain, as well as on M. Jolly's words. He says, "the immoderate use of tobacco, and more especially of the pipe, produces a weakness in the brain, and in the spinal marrow, which causes madness."

Small-Pox in Richmond.

By an order from the military commandant of Richmond, Va., we learn that small-pox is quite prevalent in that city. The order enjoins the duty of general vaccination, and makes provision for gratuitous vaccination.

The Crimean War.

Dr. Chenu, physician of the French army, has just published and presented to the Imperial Academy of Medicine a large 4to. volume, containing a report of the medical service of the army during the war in the Crimea, from 1854 to 1856. It appears from this work that the number of men killed in battle was 10,240; and of wounded, 34,606. Of this last number, about 100 died in the hospitals in Turkey. But that was not the whole of the losses; we must take into account those who died of cold, cholera, typhus, scurvy, etc., and Dr. Chenu gives the following table of the losses experienced by the French army in the East, from the 1st of April, 1854, to the 31st of December, 1857, for many soldiers died after their return to France in consequence of wounds received or diseases contracted in the Crimea:

Killed on the field of battle, or missing,	10,240
Lost in the Semillante,	702
Died of various diseases and cholera before the battle of Alma,	8,084
Died of cold, apoplexy, etc., before Sebastopol,	4,342
Died in field and general hospitals, to the 31st of December, 1857,	72,247
Total,	95,615

The effective force sent by France to the East was only 309,264 men; consequently about one-third of them perished. It is to be remarked that as the number actually killed in battle, or dead from wounds, does not exceed 20,000, according to Dr. Chenu, disease alone carried off about 74,000 men, or one-fourth of the army. Dr. Chenu attributes these enormous losses by disease to the feeble constitutions of a portion of the contingent. He says that many conscripts, totally unable to bear the fatigues of a campaign, are declared fit

for service, but they no sooner join the army than they have to be sent to the hospital.—*Galignani's Messenger.*

Army and Navy News.

ARMY.

Ordered.—Surgeon A. B. Mott, U. S. Vols., has been relieved from duty in the Army of the James, and ordered to the Department of the East.

Ass't Surgeon H. C. Parry, U. S. A., has been relieved from duty with Gen. Sheridan's command, on account of ill health, and ordered to report to the Medical Director, Department of the East, for duty at the U. S. General Hospital at Augusta, Me.

NAVY.

REGULAR NAVAL SERVICE.

Detached.—Surgeon J. E. Cleburne, from the *Ticonderoga*, and waiting orders.

Surgeon James Laws, from the *Savannah*, and waiting orders.

Passed Ass't Surgeon A. A. Hochling, from the Naval Asylum, Philadelphia, and ordered to the *Dacotah*.

Resignation Accepted.—Passed Ass't Surgeon G. Baumgarten, of New York.

VOLUNTEER NAVAL SERVICE.

Ordered.—Passed Acting Ass't Surgeon J. J. Sowerly to the *Agamenticus*.

Act'g Ass't Surgeon R. Stone, to the *Tioga*.

Detached.—Act'g Ass't Surgeon Isaac Poole, from the *Kansas*, and waiting orders.

Act'g Ass't Surgeon Ed. S. Perkins, from the *Kineo*, and waiting orders.

Act'g Ass't Surgeon Daniel C. Burleigh, from the *Unadilla*, and waiting orders.

Acting Ass't Surgeon John Flynn, from the *Kensington*, and waiting orders.

Acting Ass't Surgeon Thomas W. Mackley, from the *Lodona*, and waiting orders.

Act'g Ass't Surgeon Lorenzo Traver, from the *Proteus*, and waiting orders.

Act'g Ass't Surgeon Hiram C. Vaughan, from the *St. Louis*, and waiting orders.

Resignations Accepted.—Act'g Ass't Surgeon G. D. Harris, of the *Magnolia;* Act'g Ass't Surgeon D. J. Harris, of North Becket, Mass.; Act'g Ass't Surgeon B. F. Bigelow, of the *Nyack*.

Appointed.—John R. Greenleaf, of Ware, Mass., and John G. McAllister, of Nashua, N. H., Act'g Ass't Surgeons, and ordered to the *Ohio*.

Caleb B. White and Robert Lautinbach, of Baltimore, Md., Act'g Ass't Surgeons, and ordered to the *Allegheny*.

MARRIED.

Haase—Joel.—In New York, on Wednesday, May 10th, by his Honor, Mayor Gunther, at his residence, East Fourteenth street, C. F. W. Haase, M. D., and Fannie Joel.

Heston—Barrett.—On the 19th, by Rev. James Neill, Dr. Albert G. Heston and Miss Jane L. Barrett, daughter of Charles B. Barrett, Esq., all of this city.

Izard—Irelan.—On the 27th of April, at the residence of the bride's mother, near Somer's Point, N. J., by the Rev. H. S. Norris, Dr. William H. Izard, of Pittstown, Salem county, N. J., and Miss Harriet S. Irelan, of the above named place.

DIED.

Dade.—On Sunday, 7th of May, Ella F. Dade, wife of Francis C. Dade, U. S. N., and daughter of Dr. J. W. Thompson, of this city.

Lee.—In Philadelphia, on Saturday, May 6, Anna Barnard, infant daughter of Dr. Benjamin and Emma H. Lee, and granddaughter of Norman White, of New York.

Meigs.—At Hamanassett, Delaware county, Pa., on the 13th inst., Mary Montgomery Meigs, wife of Dr. Charles D. Meigs, and daughter of the late William Montgomery, merchant, of this city, in the 71st year of her age.

Pierson.—On Thursday morning, May 4, Ann Marston, wife of Dr. Charles E. Pierson, of New York, in the seventy-third year of her age.

Southwick.—At Poughkeepsie, N. Y., on Sunday, May 7, Elizabeth R., wife of Richard C. Southwick, and daughter of Benjamin R. Bevier, M. D., of Napanoch, Ulster co., N. Y., aged 55 years.

Watts.—In Brooklyn, on Friday, May 12, of consumption, Julia M., wife of Dr. A. J. Watts, in the 25th year of her age.

ANSWERS TO CORRRESPONDENTS.

Dr. J. K. M., Somerset, Pa.—Pereira's Prescription book sent by mail, on the 10th May.

Dr. E. H., Darlington, Md.—Acton on Functions of Reproductive Organs, sent by mail on 10th May.

Dr. D. W. S. Topeka, Kansas.—Toynbee's Aural Surgery, sent by mail on 10th May.

Dr. R. H. P., Stoyertown, Pa.—Hartshorne on Glycerine, sent by mail on 10th May.

Dr. M. S., Payson, Ill.—"Currents and Counter Currents," sent by mail May 10th.

Dr. Z. P., Detroit, Michigan.—"Acton on Reproductive Organs," sent by mail on 10th May.

Dr. S. R. S., Mt Holly, N. J.—"Our Young Folks," ordered for you on the 12th May.

Dr. F. C. E., Bristol, Ind—Thomas' Medical Dictionary, sent by mail on the 10th May.

Dr. J. A. B., Bedford, Ind.—Acton on the Reproductive Organs, and Hartshorne on Glycerine, sent by mail on 10th May.

Dr. C. D. G, Polk, Pa.—Double Catheter, sent by mail on 12th May.

Dr. B.S. M., Norfolk, Va.—"Our Young Folks," sent by mail on 12th May.

Dr. L. S. S, Petersburg, Michigan.—Thomas' Medical Dictionary, sent by mail.

Dr. W. S., New Cumberland, West Va.—Hypodermic Injecting Syringe, sent by mail on the 12th May.

Drs. E. S. F. Arnold, W. J. McHench, J. Deisinger, H A. Borland, J. G. Lightner, A. G. Walter, G. S. Galer, L. D. Ross, A. Satterthwaite, Isaac W. Mease, J. H. Rheinfrank, A. G. Thomas, F. R. Payne, R. H. Patterson, H. F. Bennett, and D. C Galbraith—small balances on book and instrument orders have been adjusted on your subscription accounts.

METEOROLOGY.

May	8,	9,	10,	11,	12,	13,	14.
Wind.....	S. W.	N. W.	E.	S E.	N W.	S. W.	W.
Weather.....	Clear, Sho'y, T. & L.	Cl'dy. Rain.	Cl'dy.	Cl'dy, Rain, t. & l. *	Clear.	Clear.	Clear.
Depth Rain.....		1 2-10		1 2-10			
Thermometer.							
Minimum.....	54°	55°	53°	51°	45°	49°	51°
At 8 A. M.....	63	66	57	63	56	60	63
At 12 M.....	76	57	59	76	60	66	70
At 3 P. M.....	76	58	60	77	62	68	72
Mean.....	67.25	59.	57.25	66 75	55.75	60 75	64.
Barometer.							
At 12 M.....	29 8	29.7	30.1	30.	30.	30.1	30.3

Germantown, Pa. B. J. Leedom.

* Hurricane.

WANTED.

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☞ *We are in pressing need just now of a few copies for new subscribers,* of No. 414, Feb. 4, 1865.